



Indiana Emergency Medical Services for Children – Pediatric Hypoglycemia

MODEL PROTOCOL

BLS Care Provider

Pediatric Hypoglycemia – A clinical state characterized by blood glucose less than or equal to 60 mg/dl, (in neonates less than or equal to 40 mg/dl).

Clinical findings – Signs and symptoms can be variable but may include; irritability, agitation, poor feeding, hypotonia weakness, tachycardia, tachypnea, blurred vision, headache, tremors, sweating, confusion, seizure, and coma. Hypoglycemia in children may be related to diabetes but can also result from sepsis, ETOH intoxication, accidental ingestion of medications such as Beta-blockers or oral hypoglycemic agents, inborn errors of metabolism, prolonged fasting states with GI illness and trauma.

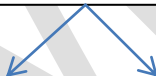


Initial Interventions

Immobilize spine with unknown or unconfirmed mechanism if any concern for injury/trauma

Consider alternate causes of altered level of consciousness and refer to those protocols

Call for ALS intercept



Respiratory Effort Inadequate

Refer to Respiratory Distress/Failure Protocol

Initiate BVM

Respiratory Effort Adequate

Monitor/Reassess patient

Keep temperature WNL

Transport